

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 21151
First Inventor or Application Identifier RAVI P. NARGUND et al.
Title COMBINATION THERAPY FOR THE TREATMENT OF OBESITY
Express Mail Label No. EV321983166US

92154 U.S. PTO
10/730704



APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)		6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
2. <input checked="" type="checkbox"/> Specification [Total Pages 90]		a. <input type="checkbox"/> Computer Readable Form (CRF)	
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 4]		b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper	
4. Oath or Declaration		c. <input type="checkbox"/> Statements verifying identity of above copies	
a. <input checked="" type="checkbox"/> Newly executed (original or copy)		ACCOMPANYING APPLICATION PARTS	
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 14 completed)		7. <input type="checkbox"/> Assignment papers (cover sheet & document(s))	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33 (b).		8. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)	<input type="checkbox"/> Power of Attorney
5. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		9. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations
		10. <input type="checkbox"/> Preliminary Amendment	
		11. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
		12. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
		13. <input type="checkbox"/> Other: _____	
14. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. ____/____ Prior application information: Examiner _____ Group/Art Unit: _____ For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.			
15. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number		Customer No. 000210	
NAME	BAERBEL R. BROWN		
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Name	BAERBEL R. BROWN	Registration No. (Attorney/Agent)	47,449
Signature	<i>Baerbel R. Brown</i>	Date	12/8/03

EXPRESS MAIL CERTIFICATE	
DATE OF DEPOSIT	December 8, 2003
EXPRESS MAIL NO.	EV321983166US
I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS EXPRESS MAIL "POST OFFICE TO ADDRESSEE" ON THE ABOVE DATE IN AN ENVELOPE ADDRESSED TO COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450.	
MAILED BY	<i>Core Schepisi</i> DATE December 8, 2003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Deposit Acct. 13-2755
MERCK & CO., INC.
Our Case Docket No. 21151

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the patent application of Inventor(s):
RAVI P. NARGUND, LEONARDUS H.T. VAN DER PLOEG, TUNG M. FONG, DOUGLAS J. MacNEIL, JEFFREY WARMKE, HOWARD Y. CHEN, and DONALD J. MARSH

For: COMBINATION THERAPY FOR THE TREATMENT OF OBESITY

For	Number Filed	Number Extra	Rate	Basic Fee \$770
Total Claims	48 - 20 =	28 X	\$18	= \$504
Independent Claims	13 - 3 =	10 X	\$86	= \$860
Multiple Dependent Claims*			\$290	=
* Add this fee if application contains any multiple dependent claims, regardless of number.		TOTAL FILING FEE →		\$2,134

Please charge my Deposit Account No. 13-2755 in the amount of \$ 2,134. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account No. 13-2755. Duplicate copy of this sheet is enclosed.

☐ Under the provisions of 37 C.F.R. §1.53, this application is being filed without the declaration of each inventor.

Respectfully,

Baerbel R. Brown

By: BAERBEL R. BROWN

Attorney For Applicant(s)

Reg. No. 47,449

MERCK & CO., INC.

Patent Dept., RY60-30

P.O. Box 2000

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(732) 594-0672

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